

Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE 219271
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

RECEIVED

AUG 24 2009

T, T, W, WAW

DOCKET

NUMBER:

2009 - 402 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kenneth M. Scallions

Telephone:

704-544-1800

Address: 8910-B Otter Creek Dr.
Charlotte NC 28277

Fax:

704-542-6360

Other:

704-737-0809

Email: ken@ballantyne-mooring.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
☐ Application - Class C Charter
☐ Application - Class C Charter Bus
☐ Application - Class C Non-Emergency
☒ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
☐ Request to Amend Tariff (rate Increase, etc.)
☐ Request to Amend Passenger Limit
☐ Request
☐ Exhibit
☐ Late-Filed Exhibit
☐ Letter
☐ Proposed Order
☐ Publisher's Affidavit
☐ Reservation Letter
☐ Response
☐ Return to Petition
☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 8-13-09

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to request reinstatement or amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

- ☐ Reinstatement of Authority

My Certificate of Public Convenience and Necessity Number is _____ . My certificate was revoked/
cancelled on _____ because _____

I am seeking reinstatement because _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Ballantyne and Beyond, LLC

8910-B Otter Creek Dr. Charlotte NC 28277

Street Address of Applicant

Same

Mailing Address of Applicant if different from street address

704-544-1800

Phone

704-542-6360

FAX

Ken@ballantynemoving.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.
-
-
-

4. Applicant proposes to operate service as follows: (Check one.)

- ☐ Intrastate Only ☐ Interstate Only ☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☒ Yes ☐ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency. NCUC 2468

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2009

Assets:

Cash	\$ 18,000.00
Receivables	\$ 5,000.00
Real Estate	N/A
Buildings and Equipment (Net)	\$ 4,000.00
Motor Vehicles (Net)	\$ 15,300.00
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	\$ 2,500.00
Supplies on Hand	\$ 4,200.00
Prepays and Other Assets	\$ 3,500.00
Total Assets	\$ 47,500.00
<u>Liabilities and Equity:</u>	
Accounts Payable	\$ 2,000.00
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	\$ 2,000.00
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	\$ 2,000.00

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges for Service are as follows:

2 men \$85 per hour
3 men \$ ~~115~~ per hour

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
☐ Hazardous Wastes, as defined in R103-210(2)

Areas to be Served: (List each county in which you plan to operate)

all counties

DESCRIPTION OF EQUIPMENT

[illegible]

* Number of seats if passenger carrier or tonnage if freight carrier.

Sep. 22, 2009 12:25PM

RDR INSURANCE SERVICES Docketing

No. 5849 P. 4

FROM : Dana or Caryl Barnes

FAX NO. : 3365554945

Aug. 26 2009 11:55AM P1

Attn: Ed

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

Ballantyne & Beyond LLC

Name of Motor Carrier

8910 Otter Creek #B Charlotte NC 28277

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 5866

Cargo Insurance \$ 2016

Limits Quoted (See Below):

Limits 750 CSL

Limits 50,000

* Attach Certificate of Insurance if available.

United Financial Casualty

Name of Insurance Company

PO Box 94739 Cleveland OH 44101

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9-22-09

Date

Sandra Ree Truelli

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

PSC. SC

803-896-
5100 (Ext.)

RDR INS SERVICES INC
5960 FAIRVIEW RD #100
CHARLOTTE, NC 28210
704-553-1617

PROGRESSIVE**Policy number: 05268754-0**

Underwritten by:
United Financial Casualty Company
September 22, 2009
Page 1 of 1

Certificate of Insurance

Certificate Holder

BALLANTYNE & BEYOND, LLC
8910- OTTER CREEK #B
CHARLOTTE, NC 28277

Insured

BALLANTYNE & BEYOND, LLC
8910- OTTER CREEK #B
CHARLOTTE, NC 28277

Agent

RDR INS SERVICES INC
5960 FAIRVIEW RD #100
CHARLOTTE, NC 28210

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jan 14, 2009

Policy Expiration Date: Jan 14, 2010

Insurance coverage(s)**Limits**

Bodily Injury/Property Damage

\$750,000 Combined Single Limit

Motor Trucking Cargo

\$50,000 w/\$1,000 Ded

Description of Location/Vehicles/Special Items**Scheduled autos only**

2000 FRHT F60 1FV3G6AC8YHG06302

1993 FORD F700FLPO 1FDNK72C7PVA33005

Certificate number

26509SF1754

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.



Form H
UNIFORM MOTOR CARRIER CARGO
CERTIFICATE OF INSURANCE

Filed with the S.C. DEPARTMENT OF MOTOR VEHICLES, PO BOX 1498, BLYTHEWOOD, SC, 29216 (hereinafter called Commission)

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to BALLANTYNE & BEYOND, LLC, of 8910- OTTER CREEK #B, CHARLOTTE, NC 28277 a policy or policies of insurance effective from 08/27/2009 12:01 a.m., standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Cargo Insurance Endorsement, has or have been amended to provide cargo insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

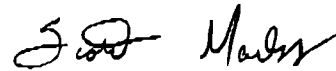
This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 22nd day of September, 2009

Insurance Company File No. CA 05268754
(Policy Number)

MC2443a (09/99)



(Authorized Company Representative)

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the S.C. DEPARTMENT OF MOTOR VEHICLES (hereinafter called Commission) of PO BOX 1498, BLYTHEWOOD, SC 29216

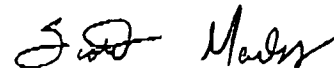
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to BALLANTYNE & BEYOND, LLC of 8910- OTTER CREEK #B, CHARLOTTE, NC 28277 a policy or policies of insurance effective from 08/27/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 22nd day of September, 2009

Insurance Company File No. CA 05268754
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IR83539B

Progressive Commercial Auto Insurance

Date: 09/22/2009

No. pages (incl. this page): 4

To: JANET SCHMIEDING

Phone:

Company: SC PUBLIC SERVICE COMMISSION

Fax #: 803-896-5199

From: SANDI

Extension: 36648

Subject: BALLANTYNE & BEYOND LLC

Policy #: 052687540

**Progressive Commercial Auto
747 Alpha Drive
Highland Heights, OH 44143
Phone: 1-800-444-4487
Fax: 1-800-556-0014**

PROGRESSIVE
COMMERCIAL AUTO INSURANCE

Exhibit FWA

Ballantyne & Beyond LLC
Name

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

SWORN TO BEFORE ME

This 17 day of August, 2009

Paul M. Shub

Notary Public

Commission Expires November 12 2012

16 M. Edm
Applicant's Signature

7 of 9

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Hermett Scallions
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Hermett Scallions, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 17 day of August, 2009

Paulie L. Shuck
Notary Public

Commission Expires November 18 2012

Hermett Scallions
Applicant's Signature



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

BALLANTYNE & BEYOND LLC

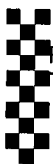
the original of which was filed in this office on the 9th day of January, 2009.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 9th day of January, 2009

Elaine F. Marshall
Secretary of State

Document Id: C20082870015
0



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF _____

16 M [Signature]

Applicant's Signature

I, Henrietta Scottious, Owner
Name of Applicant's Representative Title

of Ballantyne + Beyond LLC
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

16 M [Signature]

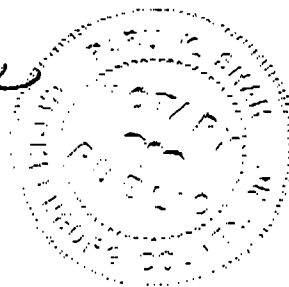
Signature of Applicant's Representative

SWORN TO BEFORE ME

This 17 day of August, 2009

[Signature]
Notary Public

Commission Expires November 18 2012



Attn: Ed

INSURANCE QUOTEThis form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

Name of Motor Carrier

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$

Cargo Insurance \$

Limits Quoted (See Below:)

Limits

Limits

* Attach Certificate of Insurance if available.

Name of Insurance Company

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

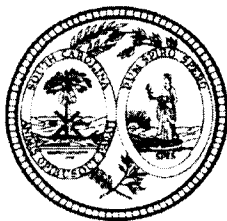
Date

Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

BFPSC



Charles L. A. Terreni
Chief Clerk/Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

The Public Service Commission State of South Carolina

COMMISSIONERS
Elizabeth B. "Lib" Fleming, Fourth District
Chairman
John E. "Butch" Howard, First District
Vice Chairman
David A. Wright, Second District
Randy Mitchell, Third District
G. O'Neal Hamilton, Fifth District
vacant, Sixth District
Swain E. Whitfield, At-Large

Docketing Department
Phone: (803) 896-5100
Fax: (803) 896-5199

September 8, 2009

TO: Kenneth M. Scallion
Ballantyne & Beyond, LLC
8910-B Otter Creek Drive
Charlotte, NC 28277

FROM: Janice Schmieding, Docketing Department

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

XXX Insurance Quote – Form Enclosed - Needs to Be Completed and Submitted with the Application.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240.

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)